

State of Minnesota**District Court****County of**

Judicial District: _____

Court File Number: _____

Assigned Judge: _____

Case Type: _____

Dissolution without Children**In Re the Marriage of:**_____
Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)**Petition For Dissolution Of
Marriage Without Children**STATE OF MINNESOTA)
COUNTY OF _____)SS
(County where Petition is signed)**1. Information about Petitioner**Full Name: _____
First Middle LastAddress where you live: _____
Street Address Apt. No._____
City County State Zip CodeMailing address where you agree to receive papers for this case: ☐ Same as above address OR_____

Street Address Apt. No._____
City County State Zip CodeDate of Birth: _____ Petitioner is the ☐ husband ☐ wife.
Month Day Year

List all of Petitioner's former or other names or write "None":

First Middle Last_____
First Middle Last**2. Information about Respondent**

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

☐ Respondent's address is unknown to Petitioner.

Respondent's Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

First Middle Last

First Middle Last

3. Our Marriage

Petitioner and Respondent were married on: (month, day, year) _____,

in the City of _____, County of _____, State of _____,

Country of _____.

4. 180 Day Requirement

Has Petitioner been living in Minnesota for the past six (6) months? ☐ YES ☐ NO

Has Respondent been living in Minnesota for the past six (6) months?

☐ YES ☐ NO ☐ UNKNOWN

5. Armed Forces

Is Petitioner an active duty member of the armed forces? ☐ YES ☐ NO

If YES, has Petitioner been stationed in Minnesota for the past six (6) months? ☐ YES ☐ NO

Is Respondent an active duty member of the armed forces? ☐ YES ☐ NO ☐ Unknown

If YES, has Respondent been stationed in Minnesota for the past (6) months? ☐ YES ☐ NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of my marriage relationship with Respondent and the marriage cannot be saved.

7. Physical Living Situation

Do Petitioner and Respondent live together at this time? ☐ YES ☐ NO

If **NO**, the date we separated was: _____.
Month Day Year

If **YES**, why are you living together at this time? _____

8. Other Proceedings

a. Has a separate court case for marriage dissolution, legal separation, or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere? ☐ YES ☐ NO If YES, the type of court case is: _____, and it was started in _____ County in the State of _____ and the Court file number is _____, and the status or outcome of the case is:

☐ Open ☐ Closed ☐ I do not know

9. Protection or Harassment Order

Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent? ☐ YES ☐ NO

If YES:

a. The *Order* protects: ☐ Petitioner ☐ Respondent and the Order was filed in _____
_____ County in _____ State on _____
date, and the Court file number is _____. **A copy of the Order is attached.**

10. Verification of No Children from the Marriage

- a. Do Petitioner and Respondent have minor children under the age of 18, or under 20 and still in high school, or adult dependents who are not able to support themselves because of a physical or mental condition? ☐ YES ☐ NO (If you answered YES you are using the wrong Petition. Use Marriage Dissolution With Children.)
- b. Has Wife given birth, *since marrying Husband*, to a minor child who is not a child of the Husband? ☐ YES ☐ NO (If you answered YES you are using the wrong Petition. Use Marriage Dissolution With Children.)
- c. The Wife in this marriage ☐ is ☐ is not now pregnant. (If the Wife is pregnant you are using the wrong Petition. Use Marriage Dissolution With Children.)

11. Husband's Children from Other Relationship

Does Husband have minor child(ren) from another marriage or relationship?

☐ YES ☐ NO ☐ UNKNOWN

If YES, the full name, date of birth and age of each child is:

Full Name of Child and Age	Date of Birth	Does Child Live with Husband?	Does Husband pay Court-Ordered Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Wife's Children from other Relationship

Does Wife have minor child(ren) *born prior to the marriage* from another marriage or relationship? ☐ YES ☐ NO ☐ UNKNOWN

If YES, the full name, date of birth and age of each child *born prior to the marriage* is:

Full Name of Child and Age	Date of Birth	Does Child Live with Wife?	Does Wife pay Court-Ordered Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

13. Public Assistance

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

- a. Does Petitioner receive public assistance from the State of Minnesota? ☐ YES ☐ NO

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

- b. Does Respondent receive public assistance from the State of Minnesota?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare ☐ General Assistance

14. School

Is Petitioner currently enrolled in school? ☐ YES ☐ NO

If **YES**:

- a. The name of the school is _____.
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____ and the expected graduation date is _____.

Is Respondent currently enrolled in school? ☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

- a. The name of the school is _____.
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____ and the expected graduation date is _____.

15. Social Security or Disability Income

a. Does anyone in Petitioner's household receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse?

☐ YES ☐ NO

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Petitioner is _____ and the amount received per month is: \$_____.

b. Does anyone in Respondent's household receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Respondent is _____ and the amount received per month is: \$_____ OR ☐ UNKNOWN.

16. Petitioner's Employment

a. Is Petitioner employed? ☐ YES ☐ NO Is Petitioner Self-Employed? ☐ YES ☐ NO

b. Name and address of Petitioner's employer. (If Petitioner has more than one job, list the Name and Address of each employer.)

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

17. Petitioner's Income

The Income questions ask for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

- a. Petitioner's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions _____
- b. Petitioner has income from the following sources in the following amounts: (check all that apply)

Sources of Income

Amount per month (before taxes and deductions)

☐ Self Employment Net Monthly Revenues \$ _____

If you are **self employed**, calculate your net monthly revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition.

☐ Job with _____ \$ _____ per month

☐ Second Job with _____ \$ _____ per month

If you have a job or jobs, answer the questions in the table for each job. If you have more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours you work per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$ _____	\$ _____
Do you receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much did you receive in commissions or bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much did you receive in commissions or bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

Petitioner's Other Sources of Income:

<input type="checkbox"/> Unemployment -----	\$ _____ per month
<input type="checkbox"/> Social Security (SSDI or RSDI)-----	\$ _____ per month
<input type="checkbox"/> Supplemental Security Income (SSI)----	\$ _____ per month
<input type="checkbox"/> MFIP-----	\$ _____ per month
<input type="checkbox"/> General Assistance-----	\$ _____ per month
<input type="checkbox"/> Investments or Rental Income-----	\$ _____ per month
<input type="checkbox"/> Pension-----	\$ _____ per month
<input type="checkbox"/> Workers Compensation	\$ _____ per month
<input type="checkbox"/> Other _____	\$ _____ per month
Identify Source	
Petitioner's gross income totals	\$ _____ per month from jobs, self-employment and all other sources.

- c. Petitioner's deductions from monthly gross income: (Provide the total from all jobs, self-employment and other sources of income.)

The question asks for monthly deductions. If you are paid weekly, multiply the deductions shown on your pay stub by 4.33 to get monthly deductions. If you are paid every two weeks, multiply your deductions by 2.17. If you are paid twice a month, multiply by 2.

1. Federal income tax (from a pay stub, or use tax table and apply the tax filing status at 23(a)) \$ _____ per month
2. State income tax (from a pay stub, or use tax table and apply the tax filing status at 23(a)) \$ _____ per month
3. Social Security (FICA) \$ _____ per month
4. Medicaid/Medicare \$ _____ per month
5. Reasonable pension deduction \$ _____ per month
6. Cost of health and dental insurance coverage you get through your employer or purchase on your own \$ _____ per month

OR

An amount for actual medical and dental expenses \$ _____ per month

Explain what the expenses are for: _____

7. Union dues \$ _____ per month
8. Child support or spousal maintenance order you currently pay \$ _____ per month

Total Deductions \$ _____ per month

If you have other deductions from pay, you may include them as living expenses at Question #24.

- d. Petitioner's **net** income totals \$ _____ per month, from all jobs and sources of income.
Subtract total deductions listed at (c) from gross income listed at (b).
- e. Does Petitioner receive child support payments? ☐ YES ☐ NO If YES, Petitioner receives child support payments from _____ (name(s) of payor(s)) in the total amount of \$ _____ per month.

18. Respondent's Employment

Is Respondent employed? ☐ YES ☐ NO ☐ UNKNOWN

Is Respondent Self-Employed? ☐ YES ☐ NO ☐ UNKNOWN

Name and address of Respondent's employer. (If Respondent has more than one job, list the Name and Address of each employer.)

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City State Zip Code

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City State Zip Code

19. Respondent's Income

- a. Respondent's current tax filing status is: ☐ Married ☐ Single; Number of Exemptions _____
OR ☐ Respondent's tax filing status is unknown to Petitioner.
- b. Respondent has income from the following sources:

- ☐ Petitioner has no information about Respondent's income OR
- ☐ Petitioner does not have detailed information about Respondent's income, but has good reason to believe that Respondent's pay is \$_____ per ☐ week ☐ month ☐ year, with bonuses, overtime or commissions in the additional amount of \$_____ per ☐ week ☐ month ☐ year. This is Respondent's ☐ Net Income (after taxes and deductions) or ☐ Gross Income (before taxes and deductions.)

OR

- ☐ Petitioner has detailed information about Respondent's income. (If this is true, fill out the income information below.)

The Income questions ask for monthly income. If Respondent is paid weekly, multiply weekly income by 4.33 to get monthly income. If Respondent is paid every two weeks, multiply by 2.17 to get monthly income. If Respondent is paid twice a month, multiply by 2.

Sources of Income

Amount per month (before taxes and deductions)

- ☐ Self Employment Net Monthly Revenues \$_____

Calculate the net monthly revenues from self employment as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition, if possible.

- ☐ Job with _____ \$_____ per month
- ☐ Second Job with _____ \$_____

If Respondent has a job or jobs, answer the questions in the table for each job. If Respondent has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Is Respondent paid by the hour or does he/she have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours worked per week?	_____ hours	_____ hours
How much overtime pay does Respondent receive per week on average?	\$_____	\$_____
Does Respondent receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year?	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year?

	\$ _____	\$ _____
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Respondent's Other Sources of Income:

- ☐ Unemployment ----- \$ _____ per month
- ☐ Social Security (SSDI or RSDI)----- \$ _____ per month
- ☐ Supplemental Security Income (SSI)---- \$ _____ per month
- ☐ MFIP----- \$ _____ per month
- ☐ General Assistance----- \$ _____ per month
- ☐ Investments or Rental Income----- \$ _____ per month
- ☐ Pension----- \$ _____ per month

☐ Workers Compensation \$ _____ per month

☐ Other _____ \$ _____ per month
Identify Source

Respondent's **gross** income totals \$ _____ per month from jobs,
self-employment and all other sources.

- c. Respondent has the following deductions from gross income: (Provide the total from all jobs, self-employment and other sources of incomes.)

The question asks for monthly deductions. If Respondent is paid weekly, multiply the deductions shown on the paystub by 4.33 to get monthly deductions. If paid every two weeks, multiply the deductions by 2.17. If paid twice a month, multiply by 2.

1. Federal income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 27(a)) \$ _____ per month
2. State income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 27(a)) \$ _____ per month
3. Social Security (FICA) \$ _____ per month
4. Medicaid/Medicare \$ _____ per month
5. Reasonable pension deduction \$ _____ per month
6. Cost of health and dental insurance coverage \$ _____ per month

Respondent gets through his/her employer or
by purchasing it on his/her own

OR

An amount for actual medical and dental expenses \$ _____ per month

Explain what the expenses are for: _____

7. Union dues \$ _____per month

8. Child support or spousal maintenance order that Respondent
currently pays \$ _____per month

Total Deductions \$ _____**per month**

If there are other deductions from Respondent's pay, they may be included as living expenses
at Question #24.

d. Respondent's **net** income totals \$ _____ per month,
Subtract total deductions listed at (c) from gross income listed at (b).

e. Does Respondent receive child support payments? ☐ YES ☐ NO ☐ UNKNOWN

If YES, Respondent receives child support payments from _____

(name(s) of payor(s)) in the total amount of \$ _____per month.

20. Medical / Dental Insurance

a. Does Petitioner have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO Dental: ☐ YES ☐ NO

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent ☐ All the Child(ren)
☐ Some of the children of the parties. Which child(ren) are covered? _____

and this dental insurance covers: ☐ Petitioner ☐ Respondent ☐ All of the Child(ren)
☐ Some of the children of the parties. Which child(ren) are covered? _____

b. Does Respondent have insurance coverage **through his/her employment**?

Medical: ☐ YES ☐ NO ☐ UNKNOWN

Dental: ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, this medical insurance covers: ☐ Petitioner ☐ Respondent ☐ All the Child(ren)
☐ Some of the children of the parties. Which child(ren) are covered? _____

and this dental insurance covers: ☐ Petitioner ☐ Respondent ☐ All of the Child(ren)

☐ Some of the children of the parties. Which child(ren) are covered? _____

- c. Do the children of the parties receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN
- d. Does Petitioner receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO
- e. Does Respondent receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

21. Spousal Maintenance

- a. Does Petitioner need spousal maintenance from Respondent? ☐ YES ☐ NO If **YES**, Petitioner is _____ years of age, Petitioner and Respondent have been married for _____ years. Petitioner has the following education: _____. Petitioner's gross monthly income totals \$ _____, Petitioner's monthly expenses total \$ _____, and Petitioner is not able to maintain the standard of living established during the marriage because: _____
- _____
- _____
- b. Does Respondent need spousal maintenance from Petitioner? ☐ YES ☐ NO If **YES**, Respondent is _____ years of age, Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____. Respondent's gross monthly income totals \$ _____, Respondent's monthly expenses total \$ _____, and Respondent is not able to maintain the standard of living established during the marriage because: _____
- _____
- _____

22. Vehicles

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by husband or wife together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle? ☐ YES ☐ NO

Does Respondent own a vehicle? ☐ YES ☐ NO ☐ UNKNOWN

List all vehicles owned by husband or wife together or separately:

Type of Vehicle (car, boat, truck etc.)	Year/Make/Model	Name(s) on Title	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

23. Marital Property

Marital property means almost anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital Property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already to the Petitioners' satisfaction? ☐ YES ☐ NO

If **NO**, Petitioner requests the following marital property: _____

24. Non-Marital Property

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or

your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

- a. Does Petitioner have non-marital property? ☐ YES ☐ NO

If YES, list Petitioner's non-marital property: _____

_____.

- b. Does Respondent have non-marital property? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list Respondent's non-marital property: _____

_____.

25. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments? ☐ YES ☐ NO

Does Respondent have money in banks, savings, cash or investments? ☐ YES ☐ NO ☐ UNKNOWN

If YES,

- a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #38.

Financial Institution	Type of Account	Account # Last 4 digits only	Amount	Belongs to: (name on account)
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	

		XX	\$	
--	--	----	----	--

b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____OR ☐UNKNOWN.

26. Business Interest

Does Petitioner have an interest in a business? ☐ YES ☐ NO

Does Respondent have an interest in a business? ☐ YES ☐ NO ☐UNKNOWN

If YES, the name of the business is _____, the address is

and the value is \$_____. How did you arrive at this value?_____

27. Manufactured Home

Does Petitioner own a manufactured home? ☐ YES ☐ NO

Does Respondent own a manufactured home? ☐ YES ☐ NO ☐UNKNOWN

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

a. Address of the manufactured home: _____

in the city of _____, state of _____

b. What type of home is it? (single, double-wide etc.)_____

c. Whose name(s) is on the title?_____

d. When was the home purchased?_____

e. What was the purchase price? \$_____

f. What is the current values of the home? \$_____

- g. How did you arrive at that amount as the current value? _____

- h. How much money is still owed on the home? \$ _____
- i. If money is owed on the home, who is the money owed to? _____
- j. Do you own the land the home sits on, or do you rent a lot? ☐ Rent ☐ Own

Note: If you own the lot, you must list the land at Paragraph 37.

28. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

- a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO ☐ UNKNOWN
- d. How many properties are owned by you and your spouse in total? ☐ None ☐ One ☐ Two
☐ Three ☐ _____

If you or your spouse own real property, separately or together, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Petition, and label each sheet "Attachment to Petition of _____(your name)"

Real Property Information

1. Real Estate belongs to: (List full names of all owners) _____

2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street Address of the real property is:

City_____State_____Zip Code_____
The property is in_____County.

4. Purchase date_____(month , day, year) and purchase price:\$_____

5. Mortgages or loans: (List all mortgages and loans on the property)

☐ There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed \$_____and name of lender_____

2nd Mortgage: Amount currently owed \$_____and name of lender_____

Other mortgages or loans:

6. Current Market Value of this property: \$_____

How did you arrive at this value?_____

7. This property is the homestead: _____Yes _____No

29. Retirement Plans

- a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO

If **YES**:

- a) The account number is: (last 4 digits only)_____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

- b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

☐ YES ☐ NO

If **YES**:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Petitioner began working at the job or joined the union or group plan is: _____

d) The type of plan is: (e.g. defined benefit, defined contribution) _____

e) The present value of the pension or plan is: _____

- c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO ☐ UNKNOWN

If **YES**:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

- d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Respondent began working at the job or joined the union or group plan is: _____

Does Petitioner want to change his/her name? ☐ YES ☐ NO If **YES**, answer (a) through (c) below:

a. Petitioner's name should be changed to _____
First Middle Last
Is this name a former legal name or maiden name? ☐ YES ☐ NO If **NO**, the reason
Petitioner wants to change to this name is: _____

b. Petitioner has no intent to defraud or mislead anyone by changing his/her name:
☐ True ☐ False

c. Has Petitioner been convicted of a felony? ☐ YES ☐ NO If **YES**, answer i. and ii:
☐ i. Petitioner has given notice of this request for name change to the proper authority as
required by Minn. Stat. Section 259.13. (See Felon Name Change Instructions)
☐ ii. Petitioner has attached to this Petition an *Affidavit of Service of the Notice* marked
Exhibit "A".

32. Other Include other facts you think the Court should know.

**BASED UPON THE ABOVE INFORMATION, Petitioner requests that the Court issue a
final judgment and decree granting the following relief:**

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.
2. **Medical and Dental Insurance for the Parties**
☐ a. Ordering each party to provide for his or her own ☐ medical ☐ dental insurance.

- ☐ b. Ordering _____(full name) to provide ☐ medical ☐ dental insurance for _____ (full name).
- ☐ c. Allowing _____(full name), at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.
- ☐ d. Reserving the issue of medical and dental insurance for the parties.

3. Spousal Maintenance

- ☐ a. Maintenance is denied to Petitioner and Respondent.
- ☐ b. Reserving the issue of maintenance.
- ☐ c. Ordering ☐Petitioner ☐ Respondent to pay spousal maintenance to
 ☐Petitioner ☐ Respondent.

4. Vehicles

Awarding the vehicles as follows and ordering the party receiving the vehicles to pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

5. Marital Property

Dividing the parties' marital property, household goods, furniture and furnishings **either:**

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

6. Non-Marital Property

Dividing the parties non-marital property

- ☐ a. As currently divided **OR**
- ☐ b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

7. Cash and Accounts

- a. Awarding the savings, and investments as follows:

Institution	Type of Account	Account #	Amount	Awarded to
		(Last 4 digits only)		
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	

b. ☐ Awarding any cash not included in a. above to the party who currently has the cash OR

☐ Awarding the cash as follows: _____

8. Business

☐ None OR

☐ Awarding the parties' **business** as follows: _____

9. Manufactured Home

☐ None OR

☐ Awarding the manufactured home located at : _____
street address

city state

to ☐ Petitioner ☐ Respondent. The debt on the manufactured home owed to: _____

_____ shall be paid by

☐ Petitioner ☐ Respondent.

10. Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband

and wife in the real property located at:

Street address _____

in the City of _____, County of _____,

State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by ☐ Petitioner

☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____.

☐ Other request regarding the property: (describe the request fully) _____

11. Additional Real Property

☐ None OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband and wife in the real property located at:

Street address _____

in the City of _____, County of _____,

State of _____, which has the following legal description: _____

with the following mortgages and loans to be paid, after the divorce is final, by ☐ Petitioner

☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$_____ and name of lender: _____

and subject to the following liens or other agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$_____.

☐ Other request regarding the property: (describe the request fully) _____

12. Retirement Funds

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows:

☐ 100% to Petitioner **OR**

☐ Dividing Petitioner's retirement benefits fairly and equitably between the parties.

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows:

☐ 100% to Respondent **OR**

☐ Dividing Respondent's retirement benefits fairly and equitably between the parties.

13. Debts

- ☐ a. Dividing the debts as follows and ordering each party to hold the other harmless from any responsibility for the debts so divided. *Include all debts listed at 39 above.*

Debt Owed To:	To Be Paid By:

- ☐ b. Ordering that each party is solely responsible for paying any other debts incurred solely by him or her and ordering each party to hold the other harmless from any responsibility for such separately incurred debts.

14. Name Change

☐ Respondent is not requesting a name change; OR

☐ Changing Respondent's name to: _____
First Middle Last

15. Other: _____

16. Ordering such other relief as the Court deems just and equitable.

17. READ and SIGN the Verification and Acknowledgments.

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Petition is signed)

Verification and Acknowledgments

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota or in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d. I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing this document, Court costs, and reasonable attorney's fees. I understand that I could also be prosecuted for perjury if I am not telling the truth in my Petition.

DATE: _____ / _____ / _____
Month Day Year

Petitioner's Signature
(Sign only in presence of notary public)

Mailing Address (Street): _____
City, State _____
Zip Code: _____
Telephone: (_____) _____

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public or Court Clerk